STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 08/15)

Fiscal Year	Business Unit	Department	Priority No.
2016-17	4170	California Department of Aging	02

Budget Request Name	Program	Subprogram
CBAS Additional Staffing for Mandate Compliance	**3910300 COMMUNITY-BASED ADULT SERVICES (CBAS)**	**N/A**

Budget Request Description
Community-Based Adult Services (CBAS) Branch Request for Additional Staffing to Comply with State and Federal Mandates

Budget Request Summary
The California Department of Aging (CDA) requests an augmentation of $705,000 in funding ($319,000 General Fund and $386,000 in Reimbursements from the Department of Health Care Services (DHCS)) for its CBAS Branch to support four additional positions (three Associate Governmental Program Analysts (AGPA), and one Nurse Evaluator II (NE II),) needed to ensure compliance with current state statutes as well as new federal requirements for CBAS provider certification.

Requires Legislation	Code Section(s) to be Added/Amended/Repealed
☐ Yes X No	

Does this BCP contain information technology (IT) components? ☐ Yes **X** No *If yes, departmental Chief Information Officer must sign.*	Department CIO	Date

For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance.
☐ FSR ☐ SPR Project No. Date:

If proposal affects another department, does other department concur with proposal? **Y** Yes ☐ No
(See Attachment #7- email from Sarah Brooks to Lora Connolly conveying DHCS' support.)

Prepared By	Date	Reviewed By	Date
Fred Grossbard	10-19-15	[signature]	10-19-15
Department Director	**Date**	**Agency Secretary**	**Date**
Lora Connolly	10-19-15	[signature]	10/20/2015

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ CALSTARS ☐ Dept. of Technology

BCP Type: ☐ Policy ☐ Workload Budget per Government Code 13308.05

PPBA	Date submitted to the Legislature
[signature]	1/7/16

Analysis of Problem

A. Budget Request Summary

The California Department of Aging (CDA) requests an augmentation of $705,000 in funding [$319,000 General Fund and $386,000 in Reimbursements from the Department of Health Care Services (DHCS)] for its CBAS Branch to support four additional positions [three Associate Governmental Program Analysts (AGPA), and one Nurse Evaluator II (NE II)] needed to ensure compliance with current state Medi-Cal program requirements for CBAS provider certification as well as new federal requirements under California's 1115 Bridge to Reform (BTR) Waiver, the Affordable Care Act (ACA), and the Home and Community-Based Services (HCBAS) Settings Rule (Medi-Cal is the State of California's implementation of the Federal Medicaid Program).

The CBAS program provides skilled nursing care, social services, therapies, personal care, meals, and transportation at outpatient facilities [licensed Adult Day Health Care [ADHC] centers] to eligible seniors and adults with disabilities under the BTR Waiver. CDA certifies CBAS providers for participation in the Medi-Cal Program through an interagency agreement (IA) with DHCS. CDA's primary activities under the IA focus on CBAS provider oversight and monitoring. State statutes require that each provider must renew their certification at least once every two years. Workload associated with certification renewal includes: 1) application processing, 2) screening of all owners and directors against prohibited providers data bases (Medicaid Integrity screening), 3) conducting onsite surveys, 4) issuing provider deficiency reports, 5) monitoring corrective action plan compliance, and 6) taking adverse actions against providers who fail to meet program standards. CDA also provides technical assistance and training to CBAS providers, conducts extensive data collection and analyses, and serves as liaison with Medi-Cal managed care plans, provider organizations, DHCS, the California Department of Public Health (CDPH), the California Department of Social Services (CDSS), the legislature, stakeholders, and the public.

B. Background/History

The CBAS Program had its origins in the ADHC program, which became a Medi-Cal State Plan benefit in 1978. The ADHC program remained an optional Medi-Cal benefit until its elimination on March 31, 2012 during the state's major fiscal crisis. On April 1, 2012, the CBAS Program began, operating under a federal court settlement to provide services focused on enabling participants to avoid unnecessary institutionalization. CBAS is a benefit under California's Bridge to Reform 1115 Medicaid Demonstration Waiver. Like the prior ADHC Program, CBAS is a licensed community-based day health program that provides services to persons age 18 and older with chronic medical, cognitive, or mental health conditions and/or disabilities who are at risk of needing institutional care. CBAS participants must meet specific medical necessity and eligibility criteria specified in the CBAS 1115 Waiver provisions as well as those in state law and regulations. Under the 1115 Waiver, the Medi-Cal managed care plans assumed the responsibility for determining a beneficiaries' eligibility for CBAS and the number of authorized hours of service per week.

The primary CBAS program objectives include:

- Restoring or maintaining optimal capacity for self-care to frail elderly persons or adults with disabilities; and
- Delaying or preventing inappropriate or personally undesirable institutionalization.

Services provided at CBAS centers are key components in California's infrastructure that assists adults at risk of institutional placement to remain at home and in their community. These home and community-based alternatives to institutional care are critical resources in demonstrating the state's compliance with the 1999 federal Olmstead Supreme Court ruling, which required states to provide services to persons with disabilities in community rather than institutional settings, if certain conditions were met.

The CBAS Program is administered under an interagency agreement (IA), with DHCS as the single State Agency for Medicaid (Medi-Cal), which is responsible for setting policy, performing audits of payments and investigation of payment fraud and abuse, and oversight of Medi-Cal managed care plans. CDPH is responsible for licensing ADHC centers and investigating complaints. CDA is responsible for certifying CBAS providers, who must operate within licensed ADHCs, to participate in and receive Medi-Cal reimbursement.

Analysis of Problem

The primary CBAS oversight responsibilities include:

- Applications: Analyze and process CBAS provider renewals and changes and make determinations regarding approval/denial. Application processing includes screening all owners and operators for participation in the Medi-Cal program. Application processing is primarily accomplished by a Staff Services Analyst with a Health Program Specialist I consulting.

  Surveys: Conduct CBAS onsite surveys according to new requirements – teams of two people travel to centers to conduct observations, interviews, and health and administrative record reviews and document their findings.

- Follow-up Surveys: The number of follow-up surveys performed and their scope currently depend on staffing availability. Priority is given to providers with large numbers of clients and serious current or past deficiencies, and a past history of serious deficiencies to ensure critical timely corrective action is taken to meet Standard of Participation and Waiver care requirements and quality standards.

- Statements of Deficiency: Complete written reports identifying CBAS provider's deficient practice for each on-site survey. Reports identify specific laws and regulations violated and detailed evidence supporting findings of non-compliance.

- Center Monitoring: Review centers' plans of correction, conduct desk monitoring, and provide technical assistance.

- Adverse Actions: Sanction providers as indicated based on failure to meet CBAS program Standards for Participation. Referrals for administrative sanctions for fraud and abuse are made to DHCS Audits and Investigations. Sanctions also include denial of applications for certification renewal, termination of certification, and defending actions through the administrative hearing process.

In FY 2012-13, when the ADHC Program was eliminated and the CBAS Program created, the Administration projected that the CBAS participant eligibility process and requirements would likely reduce the number of providers from 273 to approximately 150 centers and the number of participants from 33,000 to 20,000. Seven CBAS Branch positions were eliminated anticipating reduced CBAS certification workload. However, these projected reductions were overestimated. Currently, there are 241 CBAS centers statewide serving approximately 32,000 Medi-Cal participants. Consequently, there was no significant reduction in the CBAS Branch certification workload. In fact, existing workload has increased due to the need for on-going communications and coordination with the Medi-Cal managed care plans and new federal requirements.

While the CBAS Branch has sought to streamline its processes and continue on-site visits to every center on at least a bi-annual basis, the thoroughness of those visits has had to be triaged given the need to also conduct targeted follow up surveys and ensure plans of correction are implemented. Centers with a history of few or no survey findings now undergo cursory reviews so that more time can be allocated to in-depth on-site surveys and follow-ups for more problematic centers. While frequent, if not full, oversight of centers can identify substantial numbers of infractions, the likelihood of unobserved and thus, uncorrected practices will only grow as center operators recognize this reduction in oversight. In spite of applying this triaging approach given resource limitations, the Branch has not been able to keep up with the number of certification renewal surveys that should be completed annually, which now results in more and more centers not receiving their recertification visit within the required two year period.

The lack of program-specific legal resources has hindered CBAS' ability to properly sanction providers in a timely fashion. (The ADHC program at one time had a dedicated legal position to assist oversight activities.) Without sufficient legal resources, enforcement will continue to lag.

Resource History
(Dollars in thousands)

Program Budget	PY – 4 2010-11	PY – 3 2011-12	PY – 2 2012-13	PY – 1 2013-14	PY 2014-15
Authorized Expenditures	$4,045	$3,874	$3,127	$3,297	$3,398
Actual Expenditures	$3,098	$3,059	$2,566	$2,972	$2,791
Revenues					
Authorized Positions	24.0	23.0	16.0	16.0	16.0
Filled Positions	21.2	19.6	15.4	15.4	15.2
Vacancies	2.8	3.4	0.6	0.6	0.8

Workload History

Workload Measure	PY – 4 2010-11	PY – 3 2011-12	PY – 2 2012-13	PY – 1 2013-14	PY 2014-15	CY 2015-16
Percentage of Quarterly Monitoring Calls Completed	**unavailable**	**unavailable**	**unavailable**	**70%**	**53%**	**unavailable**
Average hours onsite for surveys	**19**	**13**	**16**	**18**	**14**	**unavailable**
Number of Abbreviated Surveys conducted	**0**	**60**	**0**	**3**	**21**	**unavailable**
Number of deficiencies issued	**1,086**	**878**	**919**	**891**	**849**	**unavailable**
Percentage of certification extensions	**unavailable**	**unavailable**	**68%**	**69%**	**76%**	**unavailable**

C. State Level Considerations

The staffing augmentations in this proposal will enable CDA to comply with state and federal statutes for the CBAS program. Currently, CDA is not meeting statutory requirements for timely provider certification, which places participant health and safety at risk and results in CBAS providers being out-of-compliance with the contractual requirements of their managed care plans (e.g., managed care plans require timely certification by CDA for their provider credentialing).

Without additional staff resources, CDA will continue to fail to meet the mandated timelines for its on-site certification monitoring activities. Delayed certification visits result in weaker oversight, which is of particular concern when monitoring providers who have had significant findings in prior visits. And without additional legal resources, CDA is also unable to adequately enforce the CBAS legal standards and requirements thereby resulting in non-compliant or fraudulent providers remaining in operation, which ultimately jeopardizes participants' health and safety. Medi-Cal Managed Care Plans must ensure that their providers have all necessary licenses and credentialing, including Medi-Cal certification. Overdue CBAS provider recertification also results in the health plans being out of compliance.

Without these additional resources, CDA will also not be able to implement and monitor compliance with new federal ACA and HCBS Settings regulations. This could result in audit findings when the Centers for Medicare and Medicaid Services (CMS) monitors California's compliance with these new regulations. CDA's failure to meet these new state and federal requirements would also negatively impact DHCS. DHCS and CDA jointly share responsibility for compliance with federal requirements under the CBAS provisions of the 1115 BTR Waiver, CBAS provider screening requirements under the ACA, and CBAS center transition requirements under the HCB Settings regulations.

D. Justification

The need for additional staff is driven by the following factors:

ADHC/CBAS Transition-Related Changes

Since the Adult Day Health Care Program transitioned to the CBAS Program three years ago, the CBAS Branch has been unable to fully meet its statutory mandate to perform provider onsite certification renewal surveys, including medical and management reviews, every two years and conduct follow-up surveys of CBAS centers when significant compliance problems with Medi-Cal regulations were identified. Because of the two-year certification limit, roughly half of all CBAS centers must undergo certification renewal and an onsite survey each year. Staffing reductions in FY 2012-13, which decreased the CBAS Branch size from 23 positions to 16, coupled with the fact that projected significant decreases in the program size (both the number of centers and participants served) did not occur, have left the CBAS Branch with seven fewer staff (a 30% reduction) coupled with only a 12% reduction in the number of centers and their associated workload.

Additionally, with the expiration of the ADHC moratorium on new ADHC/CBAS providers and the Settlement Agreement on August 31, 2014, there no longer exist prohibitions against new CBAS centers opening. DHCS and CDA acknowledged this fact during the CBAS 1115 BTR Waiver Amendment Stakeholder Process in 2014 and committed to developing a new center application and certification process in 2015. CDA anticipates that the application will be available this fall and that shortly thereafter the CBAS Branch will begin processing applications for new CBAS centers at approximately one per month, adding to the already large number of centers that CDA must oversee. This reality stands in stark opposition to the projections of 2012/13 which justified deep staffing cuts in the formation of the CBAS program by predicting that the number of centers would plummet.

New Federal Requirements

Since the implementation of CBAS in 2012, the program has undergone many changes and has also become subject to new federal requirements, including:

- Medicaid 1115 waiver requirements 1115 Waivers now require additional standards and processes that providers and health plans must follow pertaining to eligibility determinations, service authorization, and coordination of care now that CBAS is a Medi-Cal managed care benefit);

- The Affordable Care Act (ACA) ACA established new provider screening and reporting requirements (e.g., additional mandated processes for verifying all provider identities and ensuring program integrity by tracking that these providers have no state or federal restrictions blocking their participation in the Medi-Cal program). This will require on-going provider review whenever there is a change in facility ownership/shareholders and during the recertification process; and

- 2014 CMS Home and Community-Based Settings (HCBS) Regulations. States and HCBS providers must identify areas where their current waiver programs are not in compliance with these new requirements, which include a number of specific new elements (i.e., person-centered care planning, protection of participant rights, support for participants' integration in the community, personal choice, participant satisfaction surveys, etc.). The CBAS program must implement these program changes. Some can be phased in, but all need to be fully implemented by March 2019. Re-certification surveys will need to include on-going monitoring of these new requirements.

Consequences of Reduced/Delayed Oversight

Despite efforts to streamline on-site provider monitoring when providers have a previous history of good performance, the current Branch staffing levels have resulted in an ever-increasing backlog. Many CBAS participants are very frail, with multiple complex health conditions, as well as cognitive, behavioral health and/or developmental issues. Failure to monitor facilities on a regular and timely basis could result in health and safety issues for the participants.

Health and safety violations that CDA discovered recently at a Los Angeles CBAS center underscore the importance of timely, and in some cases, more frequent, monitoring visits. When CDA staff arrived at the center for a routine survey they found major construction underway both within and around the facility. Among other dangers, frail elderly participants, many of whom were at high risk of falls and had respiratory problems, were observed maneuvering around trip hazards (electrical equipment, a crane, and ladders) and breathing in sawdust from inside the main activity area. Because the construction placed health and safety of participants (and CDA staff) in immediate jeopardy, CDA required the provider to develop an immediate plan of correction to close the center until the site could be cleaned up and made safe to reopen. CDA returned to the same center one month later to complete the previously cancelled certification renewal survey only to find continuing violations related to ongoing construction. In such cases, CDA must have the ability to conduct timely and repeated follow-up monitoring visits to ensure that appropriate corrective actions are taken to keep participants safe.

Quantifying/Solving Oversight Shortfall

CDA's CBAS Branch continues to be unable to meet the federal waiver mandate to certify CBAS centers every two years. The Branch maintains a program data base that tracks and schedules when mandated certification activities should occur; it also collects data to generate time studies of these activities. Recent data indicates that only 30% of the CBAS onsite certification visits are being performed in a timely manner. Soon, the backlog will result in there being essentially no timely re-certification monitoring and a continued decline in enforcement of program standards and requirements. The staffing increase in this proposal is focused on (1) increasing the completion of onsite certification monitoring to the mandated levels; (2) implementing, and conducting on an on-going basis, the new federal regulations (e.g., Affordable Care Act and HCBS Settings Rule) as they apply to CBAS providers; and (3) taking appropriate action when providers are either out of compliance with program standards and requirements or defrauding the Medi-Cal system.

Detailed analyses based on historical data of the workload required to fully perform both current and newly mandated tasks associated with CBAS monitoring and certification activities have been used to quantify the additional staffing needed to bring CBAS into compliance with its mandates., Based on "average hours per center" metrics for Associate Governmental Program Analysts (Attachment #1) and Nurse Evaluator II's (Attachment #2) to calculate the total number of hours needed per activity to perform the mandates, the gap between current service levels and needed service levels is readily seen.. As shown in Attachment #1, each center on average, requires 116 hours of AGPA services for full oversight and certification on a biannual basis. Similarly Attachment #2 shows that 60 hours of NEII services are required per center on a biannual basis to fulfill the mandate. To provide such services on the mandated semi-annual cycle, approximately 125 centers need to be fully served each year. This would result in 14,500 hours of AGPA services per year and 7,500 hours of NEII services per year. This computes the need for approximately 8 AGPAs and 4 NEIIs. CBAS currently is staffed with 5 AGPAs and 3 NEIIs that deliver these services, therefore this proposal requires an additional 3 AGPAs and 1 NEII to raise available services to levels able to complete mandated services for the CBAS program.

E. Outcomes and Accountability

The staffing resources included in this proposal will enable CDA to comply with the CBAS oversight and monitoring protocols to ensure that: 1) by screening all owners and directors per the ACA requirements, no prohibited providers are allowed to participate in the CBAS program; 2) providers are certified in a timely manner per state statutes, including new centers; and 3) providers are evaluated in terms of meeting 1115 BTR and HCB Settings requirements.

Essential certification activities of CDA staff requested in the proposal:

1. Processing all certification applications (new, renewals, changes such as ownership, capacity, location) per new screening requirements under the ACA

2. Conducting on-site surveys at least once every 24 months per statute and reviewing CBAS centers for compliance with 1115 BTR and HCB Settings requirements
3. Issuing statements of deficiency and obtaining plans of correction
4. Ongoing monitoring of centers for compliance, including follow-up on-site surveys to ensure corrective actions implemented
5. Ensuring routine communication and coordination with Medi-Cal managed care plans on provider oversight and technical assistance issues
6. Taking adverse actions against providers that are substantially out of compliance
7. Providing on-going technical assistance and training as resources allow
8. Certification of new CBAS centers

Projected Outcomes

Workload Measure	CY 2015-16	BY 2016-17	BY+1 2017-18	BY+2 2018-19	BY+3 2019-20	BY+4 2020-21
Number of CBAS center applications processed meeting ACA provider screening requirements	25	125	125	125	125	125
Percentage of CBAS centers Recertified On-time (by statutory deadline)	30%	80%	100%	100%	100%	100%
Number of CBAS center follow-up onsite surveys	5	20	20	20	20	20
Adverse actions taken against non-compliant providers	2	5	5	5	5	5
New CBAS centers certified	3	5	5	5	5	5

F. Analysis of All Feasible Alternatives

Alternative 1 – Do not approve additional CDA CBAS staff. Maintaining status quo staffing levels is the lowest cost option. However, failure to obtain additional resources will result in CDA's continued failure to complete mandated oversight, monitoring and certification of CBAS centers in a timely manner as outlined above and result in CDA and DHCS being out of compliance with State and federal requirements, which would result in CMS sanctions. Given the health and safety risks this alternative poses to participants, this is not a viable alternative.

Alternative 2 – Reduce the number of additional CDA CBAS staff proposed. Obtaining fewer staff than the full proposal would enable CDA to meet more of its mandated workload, but will not allow for thorough remediation of existing problems. CDA will still be unable to complete critical oversight and monitoring activities necessary to fully maintain quality CBAS centers and address new federal mandates

Alternative 3 - Approve requested CDA CBAS staff. This alternative will allow CDA to meet its statutory mandates for oversight and monitoring of CBAS centers and will allow the state to uphold its commitment to Medi-Cal managed care plans statewide and under the Coordinated Care Initiative to ensure that eligible seniors and persons with disabilities have access to quality CBAS centers.

G. Implementation Plan

Four PYs will be required to fulfill the program's mandated responsibilities. These would consist of 3 Associated Governmental Program Analysts, and 1 Nurse Evaluator II. This proposal would fund the

required $705,000 ($319,000 in General Funds and $386,000 in Reimbursements from DHCS) via CDA's IA with DHCS, with General Fund coming from CDA's budget and Reimbursements from DHCS' Federal Financial Participation (FFP) at a 50/50 rate for the AGPA positions, and a 25/75 FFP rate for the NE II position. Per CDA's IA with DHCS, costs associated with Nurse Evaluator positions are funded on the basis of three dollars of reimbursements from DHCS for every dollar of General Fund expended by CDA.

H. Supplemental Information

No special resources or accommodations are required for this proposal.

I. Recommendation

Alternative 3 - Approve requested CDA CBAS staff. This alternative will allow CDA to meet its statutory mandates for oversight and monitoring of CBAS centers and will allow the state to uphold its commitment to Medi-Cal managed care plans statewide and under the Coordinated Care Initiative to ensure that eligible seniors and persons with disabilities have access to quality CBAS centers. The addition of four permanent positions and the funding required to support them will bring the CBAS program into compliance with state and federal oversight mandates.

Associate Governmental Program Analyst
Analysts Designated for Center Specific, Non Program Administration tasks
Center Workload Analysis

	Hours Per Center
Current AGPA Survey Activities (Average hours per center)	
Pre-survey desk review and analysis	8
Coordinate and schedule surveys	3
Travel time	4
Onsite review	17
Survey Report (Statement of Deficiency (SOD))	25
Plan of Correction (POC)/Immediate Plan of Correction (IPOC)	7
Post-survey follow-up with provider	1
Post survey debriefing/Database entry	2
Quality assurance review	2
Additional Survey Hours Needed to Meet Timely Certification Renewal Mandates	10
NEW HCB Settings Mandate Implementation	4
NEW Certification Renewal Application Processings per ACA Requirements	1
TOTAL AGPA CERTIFICATION HOURS PER CENTER (TO BE PERFORMED BI-ANNUALLY)	84
AGPA Center Monitoring Activities (non-certification) per two year cycle	12
AGPA Center Administrative Activities (non-certification) per two year cycle	20
TOTAL AGPA NON-CERTIFICATION HOURS PER CENTER (PER TWO YEAR CYCLE)	32
TOTAL AGPA HOURS PER CENTER (all tasks)	116
TOTAL AGPA HOURS NEEDED FOR 250 CENTERS (2 years)	29,000
TOTAL AGPA HOURS NEEDED PER YEAR (125 CENTERS PER YEAR)	**14,500**
HOURS PER AGPA PY	**1,776**
AGPA PYS NEEDED PER STATE FISCAL YEAR	**8.2**

Nurse Evaluator II

Center Workload Analysis

	Hours Per Center
Current NEII Survey Activities	
Pre-survey desk review and analysis	2
Coordinate and schedule surveys	1
Travel time	4
Onsite review	15
Survey Report (Statement of Deficiency (SOD))	14
Plan of Correction (POC)/Immediate Plan of Correction (IPOC)	1
Post-survey follow-up with provider	1
Post survey debriefing/Database entry	1
Additional Survey Hours Needed to Meet Timely Certification Renewal Mandates	10
NEW HCB Settings Mandate Implementation (2 addt'l hrs/survey)	2
TOTAL NURSE EVALUATOR II CERTIFICATION HOURS PER CENTER (TO BE PERFORMED BI-ANNUALLY)	51
Nurse Evaluator II Center Monitoring Activities (non-certification) per two year cycle	4
Nurse Evaluator II Center Administrative Activities (non-certification) per two year cycle	5
TOTAL NURSE EVALUATOR II NON-CERTIFICATION HOURS PER CENTER (PER TWO YEAR CYCLE)	9
TOTAL NURSE EVALUATOR II HOURS PER CENTER (all tasks) (PER TWO YEAR CYCLE)	60
TOTAL NURSE EVALUATOR II HOURS NEEDED FOR 250 CENTERS (TWO YEARS)	15,000
TOTAL NURSE EVALUATOR II HOURS NEEDED PER YEAR (125 CENTERS PER YEAR)	**7,500**
HOURS PER NURSE EVALUATOR II PY	**1,776**
NURSE EVALUATOR II PYS NEEDED PER STATE FISCAL YEAR	**4.2**

Associate Governmental Program Analysts (3.0 P.Y.)
Analysts Designated for Center Specific, Non Program Administration tasks
Workload Analysis

	Hours Per Fiscal Year
Proposed AGPA Survey Activities	
Pre-survey desk review and analysis	369
Coordinate and schedule surveys	138
Travel time	183
Onsite review	780
Survey Report (Statement of Deficiency (SOD))	1,149
Plan of Correction (POC)/Immediate Plan of Correction (IPOC)	321
Post-survey follow-up with provider	45
Post survey debriefing/Database entry	93
Quality assurance review	93
Additional Survey Hours Needed to Meet Timely Certification Renewal Mandates	459
NEW HCB Settings Mandate Implementation	183
NEW Certification Renewal Application Processings per ACA Requirements	45
AGPA Center Monitoring Activities (non-certification)	552
AGPA Center Administrative Activities (non-certification)	918
TOTAL AGPAS HOURS/YEAR	5,328

Nurse Evaluator II (1.0) PY

Workload Analysis

	Hours PerYEAR
Current NEII Survey Activities	
Pre-survey desk review and analysis	59
Coordinate and schedule surveys	30
Travel time	118
Onsite review	444
Survey Report (Statement of Deficiency (SOD))	414
Plan of Correction (POC)/Immediate Plan of Correction (IPOC)	30
Post-survey follow-up with provider	30
Post survey debriefing/Database entry	30
Additional Survey Hours Needed to Meet Timely Certification Renewal Mandates	296
NEW HCB Settings Mandate Implementation	59
TOTAL NURSE EVALUATOR II CERTIFICATION HOURS PER YEAR	1,510
Nurse Evaluator II Center Monitoring Activities (non-certification)	118
Nurse Evaluator II Center Administrative Activities (non-certification)	148
TOTAL NURSE EVALUATOR II HOURS/YEAR	1,776

Attachment #5
CDA BCP #02
FY2016-17

Connolly, Lora@CDA

From: Brooks, Sarah (EXE-DIR)@DHCS
Sent: Tuesday, July 28, 2015 7:54 PM
To: Connolly, Lora@CDA; Katch, Hannah (EXEC-DIR)@DHCS; Schupp, Rebecca (LTCD-MOS)@DHCS
Cc: Paulsen, Diane@CDA; Long, Ed@CDA; Peach, Denise@CDA
Subject: RE: CDA CBAS BCC

Lora,
Thank you for sharing! We are in the process of fully reviewing but do not anticipate any concerns that we would raise. Sarah

---

From: Connolly, Lora@CDA
Sent: Tuesday, July 28, 2015 5:09 PM
To: Brooks, Sarah (EXE-DIR)@DHCS; Katch, Hannah (EXEC-DIR)@DHCS; Schupp, Rebecca (LTCD-MOS)@DHCS
Cc: Paulsen, Diane@CDA; Long, Ed@CDA; Peach, Denise@CDA
Subject: CDA CBAS BCC

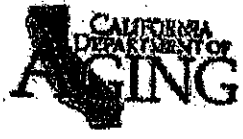
Greetings Sarah, Hannah, and Rebecca—

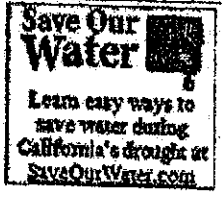
CDA prepared a Budget Change Concept that Agency has approved for BCP development for additional CBAS staffing resources to meet the new CMS HCBS waiver requirements, 1115 Waiver requirements, and the ACA provider screening and reporting requirements. A copy of the BCC is attached.

I wanted to make you are aware of this proposal. We would be happy to discuss it further with you and your staff and hope that DHCS will be supportive of this request to secure the necessary resources to comply with this host of new requirements.

Best wishes, Lora

Lora Connolly
Director, CA Department of Aging
(916) 419-7500 *visit us @ www.aging.ca.gov*



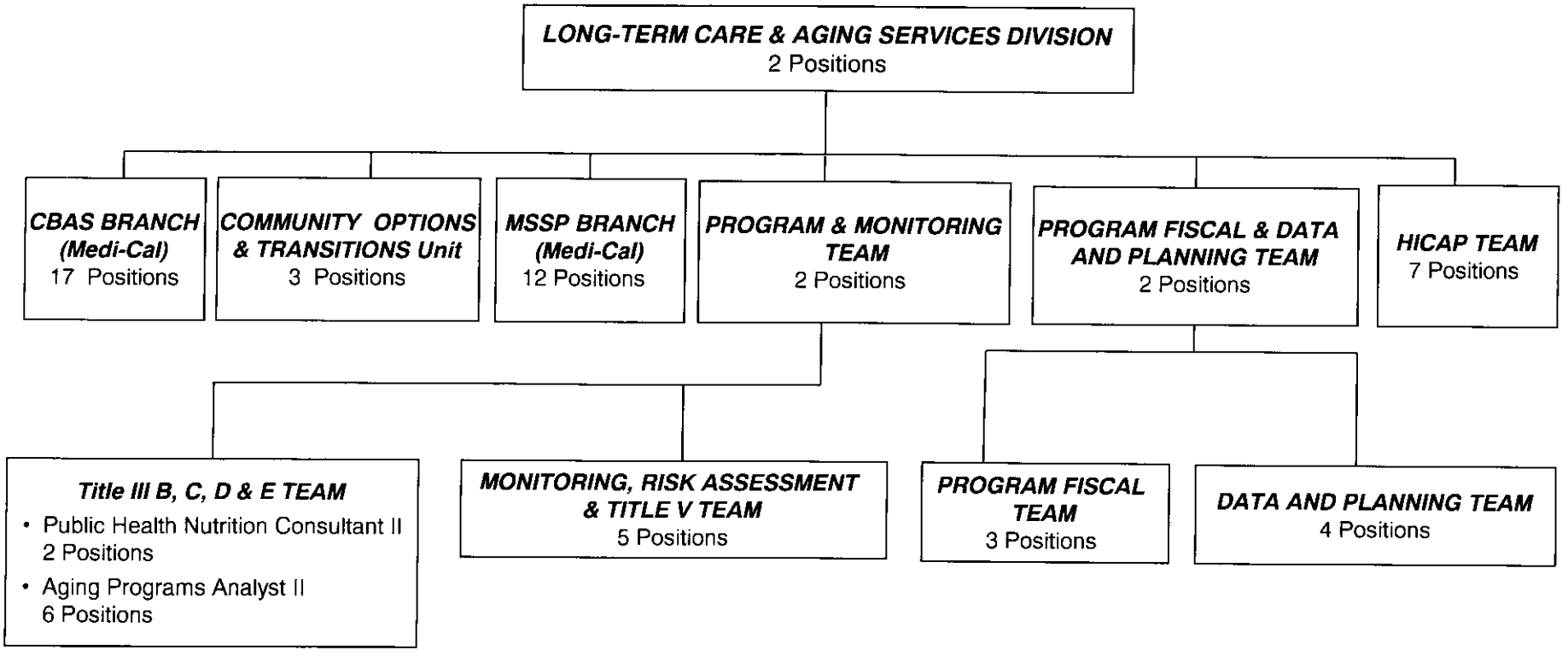


CALIFORNIA DEPARTMENT OF AGING

LONG-TERM CARE & AGING SERVICES DIVISION

Current

FY 2016-17
CDA BCP #02
Attachment #6

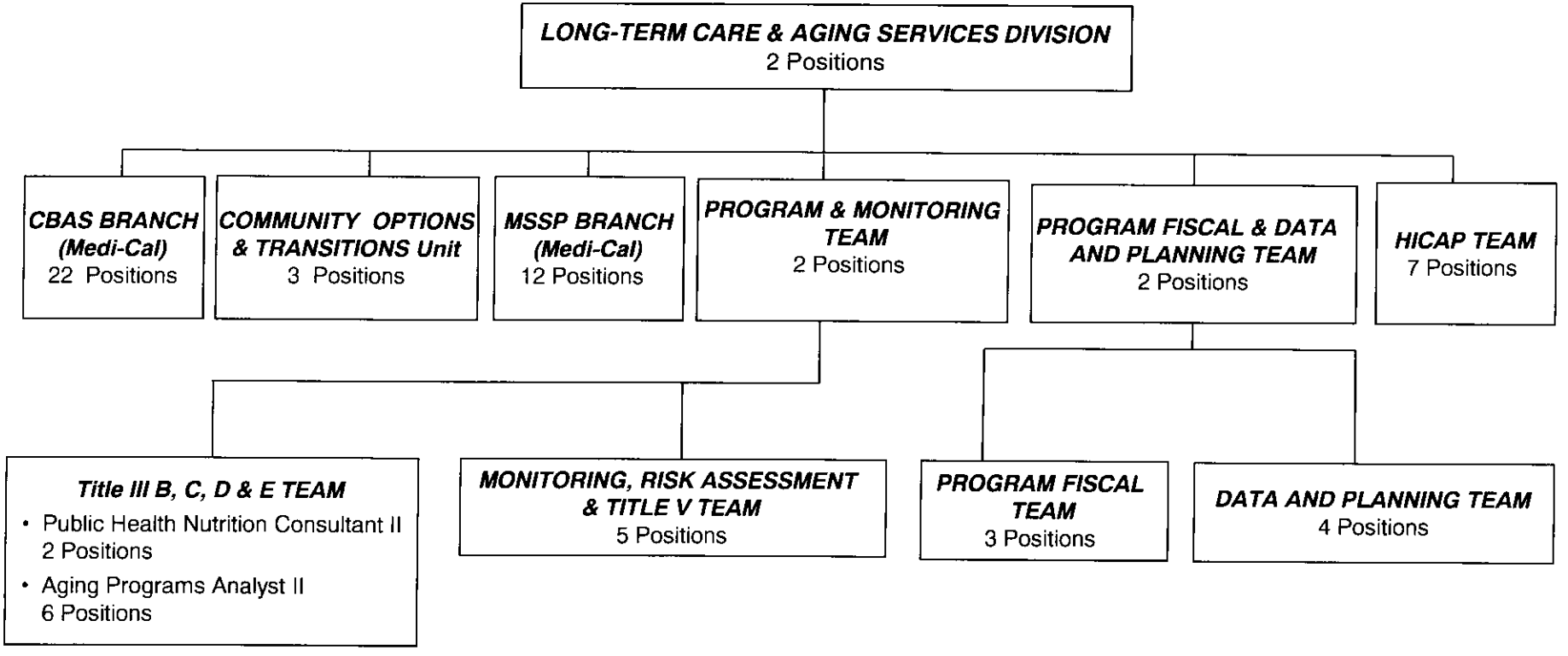


CALIFORNIA DEPARTMENT OF AGING

LONG-TERM CARE & AGING SERVICES DIVISION

Proposed

FY 2016-17
CDA BCP #02
Attachment #7



BCP Fiscal Detail Sheet

BCP Title: CBAS Request for Additional Staffing

DP Name: 4170-002-BCP-DP-2016-GE

Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Positions - Permanent	0.0	4.0	4.0	4.0	4.0	4.0
Total Positions	**0.0**	**4.0**	**4.0**	**4.0**	**4.0**	**4.0**
Salaries and Wages						
Earnings - Permanent	0	257	257	257	257	257
Total Salaries and Wages	**$0**	**$257**	**$257**	**$257**	**$257**	**$257**
Total Staff Benefits	0	116	116	116	116	116
Total Personal Services	**$0**	**$373**	**$373**	**$373**	**$373**	**$373**
Operating Expenses and Equipment						
5301 - General Expense	0	16	16	16	16	16
5302 - Printing	0	6	6	6	6	6
5304 - Communications	0	10	10	10	10	10
5320 - Travel: In-State	0	60	60	60	60	60
5324 - Facilities Operation	0	16	16	16	16	16
5342 - Departmental Services	0	224	224	224	224	224
Total Operating Expenses and Equipment	**$0**	**$332**	**$332**	**$332**	**$332**	**$332**
Total Budget Request	**$0**	**$705**	**$705**	**$705**	**$705**	**$705**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	319	319	319	319	319
0995 - Reimbursements	0	386	386	386	386	386
Total State Operations Expenditures	**$0**	**$705**	**$705**	**$705**	**$705**	**$705**
Total All Funds	**$0**	**$705**	**$705**	**$705**	**$705**	**$705**

Program Summary

Program Funding						
3910300 - Community Based Adult Services	0	705	705	705	705	705
Total All Programs	**$0**	**$705**	**$705**	**$705**	**$705**	**$705**

BCP Title: CBAS Request for Additional Staffing **DP Name: 4170-002-BCP-DP-2016-GE**

Personal Services Details

Positions	Salary Information Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2016)				0.0	3.0	3.0	3.0	3.0	3.0
8144 - Nurse Evaluator II (Eff. 07-01-2016)				0.0	1.0	1.0	1.0	1.0	1.0
Total Positions				**0.0**	**4.0**	**4.0**	**4.0**	**4.0**	**4.0**

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2016)	0	186	186	186	186	186
8144 - Nurse Evaluator II (Eff. 07-01-2016)	0	71	71	71	71	71
Total Salaries and Wages	**$0**	**$257**	**$257**	**$257**	**$257**	**$257**
Staff Benefits						
5150900 - Staff Benefits - Other	0	116	116	116	116	116
Total Staff Benefits	**$0**	**$116**	**$116**	**$116**	**$116**	**$116**
Total Personal Services	**$0**	**$373**	**$373**	**$373**	**$373**	**$373**